

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 - 0 0 8

2. STATE:

California

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**January** 1, 2002TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)(i)(III) &amp; (IV)

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ No significant impact

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to attachment 2.6 pg.4  
Supplement 8b to attachment 2.6a pg. 49. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

SAME

10. SUBJECT OF AMENDMENT:

Waiver of Parental deeming of income and resources

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor's Office  
does not wish to review State Plan Amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail Margolis

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED:

3/29/02

16. RETURN TO:

Department of Health Services  
Attn: State Plan Coordinator  
714 P Street, Room 1640  
Sacramento, CA 95814**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 29, 2002

18. DATE APPROVED:

May 31, 2002

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State/Territory: California

**METHODOLOGIES FOR TREATMENT OF INCOME THAT DIFFERS FROM THOSE  
OF THE SS/ AND AFDC PROGRAM**  
(Less Restrictive Than SSI and AFDC)

Citation	Condition or Requirement
1902(a)(10)(A)(i)(IV)	For pregnant women under the provisions of Section 1902(a)(10)(A)(i)(IV)  (1) As permitted under Section 1902(r)(2), no income will be deemed to a pregnant woman from the pregnant woman's parents.

TN No. 02-008  
Supersedes: 97-011

Approval Date: MAY 31 2002  
Effective Date: 1/1/02

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State/Territory: California**METHODOLOGIES FOR TREATMENT OF RESOURCES THAT DIFFERS FROM  
THOSE OF THE SSI AND AFDC PROGRAM**

(Less Restrictive Than SSI and AFDC)

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Citation	Condition or Requirement
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1902(a)(10)(A)(i)(IV)

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Supersedes: 98-007

Approval Date: MAY 31 2002  
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